

DEPARTMENT MUST FILL
IN APPLICABLE BOX

☐ EMPLOYEE

☐ INDIVIDUAL (NON-EMPLOYEE)

☐ NAME CHANGE

☐ ADDRESS CHANGE

[illegible]

PHONE

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AREA CODE LOCAL NUMBER

COUNTRY CODE

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[illegible][illegible][illegible][illegible][illegible]

VENDOR STATE

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VENDOR ZIP CODE									
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[illegible]

VENDOR CONVERSION

S.S.-E.I.N. NO.

DATE _____

STATE ACCOUNTING FORM A-54
JULY 1, 2005 (REVISED)